



## Records Release Form

### Attention Parents or Guardians:

This form authorizes NLA to obtain your child's records from his or her previous school. Please fill it out and return it to the office and NLA will arrange for the transfer of records. (Alternatively, if you choose, you may go to your child's previous school, pick up the records yourself, and deliver them to NLA.)

Date (m/d/y):
Student's Full Name:
Date of Birth:
Current or Completed Grade:
School Previously Attended Name and Address:
MARSS ID Number (provided by public schools):

### I hereby authorize the release of my student's records to:

Office Administrator  
North Lakes Academy Charter Middle School  
District # 4053-07  
255B NW Seventh Ave.  
Forest Lake, MN 55025

*This information is requested for the purpose of enrollment at North Lakes Academy.*

### Information to be released:

Official School Records (including name, address, birthdate, gender, attendance record, grade level, grades, class rank, standardized group test results)	
Record of Achieved State Standards (if available)	
Health Records	Teacher, Counselor, Staff Observations
Psychological Reports	Chemical Abuse/Dependency Reports
Special Education Reports	Medical Reports
Psychiatric Reports	Social Work Reports
Other (please specify)	<b>IEP'S/ 504's</b> _____

*I understand this authorization takes effect the day that I sign it. It expires on \_\_\_\_\_ (m/d/y), or no more than one year from the date of my signature. I also understand that I may change this authorization at any time.*

\_\_\_\_\_  
Print Parent's Name (or Student, if legal age)

\_\_\_\_\_  
Parent Signature (or Student, if legal age)

\_\_\_\_\_  
Date (m/d/y)

